Wyoming Department of Health
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WIP
Wyoming Immunization Program

JAB & GAB

The Wyoming Immunization Program Newsletter

Are Recommended Vaccines Really Recommended? By Jan Bloom

Immunization schedules are dynamic. Schedules change as new vaccines are added. Recommended vaccines change to required vaccines overnight. Many times I wonder whether providers are focusing so heavily on the required immunizations that they don't encourage parents to take advantage of the recommended vaccines. Both required and recommended vaccines are available to children **for free** through the Wyoming Immunization Program (WIP) and Wyoming Vaccinates Important People (WyVIP) providers.

Recently, I had a personal experience I want to share. I have two children. My son, Jonathan, is four years old, and my daughter, Elyse, is almost seventeen months old. I am very diligent (borderline militant!) about ensuring that my children are fully protected from vaccine-preventable-diseases and that they have received all of their required and recommended immunizations.

In March, (ironically, just before the National Immunization Conference), my daughter became very ill. At first, we thought it was just a gastroenteritis (GI) virus. She seemed to get better as the day progressed but took a turn for the worst around bedtime. The next morning she was again very listless and wasn't taking fluids. I received a call from my daycare provider who told me that another child at that daycare had been hospitalized with rotavirus the previous day.

Upon hanging up the phone, I immediately scheduled an appointment with the doctor. He suggested that we take Elyse to the hospital as she was very dehydrated and would not take any fluid. When we arrived at the hospital, they tried numerous times to start her IV and it was quite traumatizing for Elyse – as well as for me. Eventually, after several attempts, they were able to start an IV and, thankfully, she became more hydrated. She was discharged to home the next day.

A few weeks after her stay in the hospital, I took Elyse to the doctor for her 15-month "Well Child" visit. During this visit, I asked the nurse who was giving my daughter's shots that day if I could look at her immunization record in the chart. Upon reviewing my daughter's immunization record, I realized that she had never received the rotavirus vaccine. To say I was dismayed or frustrated would be an understatement! All I kept thinking was "maybe if she'd received the rotavirus vaccine, we wouldn't have had to go through the pain and distress of the going to the hospital." Each time I receive I bill from the hospital, the lab, or the doctor's office, I feel my body temperature rise a bit.

Recently, I had a conversation with someone whose spouse works in a pediatric clinic here in Cheyenne. According to this person, this pediatric clinic treats very few cases of rotavirus as administering the vaccine has become a standard of care in their practice. I wish my daughter had received the rotavirus vaccine so we would not have gone through the emotional – and financial – angst that we felt from our experience.

My question to WyVIP providers is, "what are you doing to encourage families to take advantage of free recommended vaccines?" If you are not encouraging parents to protect their children with recommended vaccines – those that are not required – I strongly urge you to do so. If you ARE encouraging parents to protect their children with FREE recommended vaccines, I salute you and encourage you to continue to do so. We would love to hear about your success with recommended vaccines so we can feature your practice and inspire other providers to offer recommended vaccines to their patients. The recommended vaccines available through the WyVIP program include: rotavirus, Tdap, meningococcal, PCV7, influenza, Hepatitis A, and HPV vaccines. We are hoping that school immunization requirements will change in the not-so-distant future so that Varicella, which is currently a RECOMMENDED vaccine, will be a required vaccine for school entry to protect the health of Wyoming's children. Wyoming is one of only a few states that does not require the Varicella vaccine for school entry.

Thank you for all that you do and for your efforts in promoting recommended vaccines!

FYI! The JAB & GAB is posted on the www.immunizewyoming.com website every month.

Wyoming Department of Health

JAB & GAB

Volume 4, Issue 6
June, 2008

Sections

*Don't forget to check your email for communication from us!

World of the Vaccine Office - By Randy DeBerry

New Expired Vaccine Return Process

McKesson has revamped their current expired vaccine procedure. Under the new procedure WyVIP providers should fill out the revised "*Expired Vaccine to McKesson*" form (**see insert**) and fax a completed copy to the WyVIP Program. Once program staff have received the form, the WyVIP Program Manager will contact McKesson with the provider's information and arrange for a pick-up by FedEx or UPS at the provider's office. Before the scheduled pick-up, the provider will need to pack the vaccine in a box ensuring the vaccine is protected from any leakage. When FedEx arrives, the driver will have a pre-paid postage sticker and a completed address label for the box. As such, all one needs to do after sending in the form to our office is pack the vaccine in an appropriate fashion. The new "*Expired Vaccine to McKesson*" is also available at the Immunization Program Website, www.immunizewyoming.com.

New Vaccine Transfer Request Process

WyVIP program staff have developed a new procedure for requesting a vaccine transfer in order to ensure accuracy and to improve internal tracking. Under the new procedure, if a provider has vaccine in the refrigerator that they believe they will not use before expiration (and would like the WyVIP program to help it find a new "home"), please fill out the "*WyVIP Vaccine Transfer Request Form*" (**see insert**) and fax a copy to the WyVIP program. Upon receipt of this form, WyVIP Program staff will work on trying to find a location for the vaccine your office has requested to transfer. The "*WyVIP Vaccine Transfer Request Form*" is also available at the Immunization Program Website, www.immunizewyoming.com.

If you have any questions about any of these processes please contact the WyVIP Program Manager, Randy DeBerry, at (307) 777-8983. Thank You.

School House Rocks! Upcoming Events & Trainings- by Andrea Clement-Johnson

CSTE Annual Conference : (Council of State and Territorial Epidemiologists)
Date: June 8-12, 2008 **Location**: Denver, CO **Contact**: email Shundra Clinton at sclinton@cste.org
Website: http://www.cste.org

National Men's Health Week : June 9-13. Men's Healthline: 1-888 MEN-2-MEN (636-2636)
email: info@menshealthweek.org or visit www.menshealthweek.org for more information.

WIP Monthly Teleconference : June 18, 2008. 12:15 p.m.-1:30pm. Call-in information 1-877-278-8686, Participant ID 687555.

Advisory Committee on Immunization Practices (ACIP) Meeting : **Date:** June 25-26, 2008
Location: Atlanta, Georgia **Contact**: For more information, go to
www.cdc.gov/vaccines/recs/acip/meetings.htm#dates

Epidemiology & Prevention of Vaccine-Preventable Diseases is offered in **DVD** and **Web-on-Demand** formats. It is no longer presented as a live satellite broadcast or live webcast. Please visit http://www.cdc.gov/vaccines/ed/epivac/default.htm **to order this DVD.**

2008 Kindergarten Immunizations - by Grace Neeley

Once a year, the CDC requires each Immunization program to complete an assessment of Kindergarten immunizations. This year, CDC selected 20 elementary schools from across Wyoming to take part in this assessment. The immunization series assessed included Polio (3+), DTaP (4+), MMR (2), Hepatitis B (3), and Varicella (2). We are pleased to have found that 11 of the 20 schools assessed were completely up to date on all kindergarten students reviewed.

Below is a summary of our findings:

Total records assessed	578	
Up-to-Date*	556	96%
Missing Immunizations*	10	2%
Exempt Religious	11	2%
Exempt Medical	1	.002%

* *Varicella is currently not required by school law in Wyoming; therefore, it was not included as our state criteria for "Up-to-Date" or "Missing".*

Important points:

- 4th dose of Polio is required by age 6. Many students were not 6 when entering Kindergarten, but have since turned 6 or will shortly. These students need to get their 4th dose of Polio to remain "Up-to-Date".
- Varicella, while not currently required by Wyoming school law, is still highly recommended for children 12 months-12 years of age. Wyoming is one of only a few states currently not requiring Varicella vaccinations for school entry.

I would like to thank all the school nurses who participated this year for your speedy response to our request for records and friendliness during the process.

Clinical Corner by Joanna Briggs, RN

If you have not ordered a pink book, please consider it as we have many new additions in the Appendixes. The annual CDC Pink Book training is now available on CD or online as the live broadcasts have been suspended.
For reference see: http://www.cdc.gov/vaccines/ed/epivac/

Epidemiology & Prevention of Vaccine-Preventable Diseases is a comprehensive overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about vaccine-preventable diseases and the vaccines that prevent them.

Audience: Immunization Providers (Physicians, Nurses, Nurse Practitioners, Pharmacists, Physician's Assistants, DoD Paraprofessionals, Medical Students, etc.)

Length: 12 hours. Four, three hour sessions provided on DVD or Video-on-Demand.

Flu season is passing, but we need to be thinking about the fall season. Week 18 (ending May 3), showed the Mountain region reporting six pediatric deaths from flu. Nationally, the death rate was 69. We have new immunization ACIP recommendations that state flu vaccine for all six months through 18 years of age. This is going to take some creative selling on the healthcare provider's part. We need to be thinking along those lines now. Oh yes, you healthcare providers are included in the "creative part". We can lead by example. Nationally, only 40% of healthcare workers are immunized each year.

I will begin to address Pink Book content changes. Of course, you may always go to the webpage and download sections that you are needing at the time. The first "jewel" is an expanded injection site by age that demonstrates how the many vaccines needed during a visit can be administered and we do not miss opportunities. This is included as **an insert** in this month's newsletter.

Clinical Corner Continued...

The following questions concern CDC's recently published Multi-Vaccine VIS

www.cdc.gov/vaccines/pubs/vis/downloads/vis-multi.pdf

Why was a Multi-Vaccine VIS developed?
It was developed with the earliest pediatric visits (birth through six months) in mind. Up to six vaccinations could be given during these visits and several VIS would have to be downloaded, printed and distributed and (for the patient) six documents would have to be read, containing much information that is duplicated. The multi-vaccine VIS is an effort to simplify and streamline this process.

Can the existing, single-vaccine VIS still be used?
Yes. The Multi-Vaccine VIS an optional alternative to the existing VIS. Providers wishing to continue using the individual VIS may do so. These will continue to be updated when recommendations change, as they have always been.

Must all six vaccines be given at the same visit for the Multi-Vaccine VIS to be used?
No. Any time two or more of the vaccines are given together it makes sense to use the Multi-Vaccine VIS. The provider should check the appropriate boxes on the first page, corresponding to the vaccines given during that visit.

Can the Multi-Vaccine VIS be used with combination vaccines, such as Pediarix or Convex?
Yes. Just check the appropriate boxes on the first page as you would if you were administrating the individual vaccines.

When we record the edition date of the VIS in the patient's medical record, do we record the date on the Multi-Vaccine VIS or the dates for the individual VIS?
If you use the Multi-Vaccine VIS, record its date for each of the vaccines given that day. If there is ever a question, this will make it clear that the Multi-Vaccine VIS was used and not the individual VIS.

Can the Multi-Vaccine VIS be used for children older than 6 months, or for adolescents or adults getting any of these same vaccines?
It may be used for older children getting two or more of these vaccines during the same visit (e.g. a 12-month old getting Hib and PCV, or a 4 year-old getting DTaP and IPV). However it should not be used for adolescents or adults. The information on this document applies to pediatric use of the vaccines. Risk factors that apply only to older persons, for example, are not discussed on this VIS. Each individual VIS should be used.

Can the Multi-Vaccine VIS be used for catch-up doses?
Yes, as long as the doses are given to children as part of the primary series or routine pediatric boosters.

The Multi-Vaccine VIS covers "pneumococcal" vaccine. Is it just for PCV7, or may it also be used when PPV23 is given to children?
It was designed with PCV7 specifically in mind. For PPV23, use the single VIS.

Will there be other Multi-Vaccine VIS, for example, for vaccines administered at 12 months or during the pre-school or adolescent-visits?
Possibly. If this VIS becomes popular with providers, we would like to develop a multi-vaccine VIS for other situations in which several vaccines are administered at the same visit.

Appendix G Update: Reported Cases and Deaths from Vaccine Preventable Diseases, United States, 1950 – 2007* Update begins with *2007 being provisional information

Get WyIR'd! by John Anderson

WyIR Provider Enrollment Process

As part of the requirements by the CDC for functional standards, we conducted our first annual enrollment of our providers to ensure that all active users of the system are current users. Unfortunately, some providers did not heed our warnings of inactivating users if forms were not submitted by the 05/15/08 deadline. Some providers did contact us and we were able to extend their deadline due to staff vacations, but we unfortunately had to inactivate accounts for some non-compliant providers.

We did manage to reduce the number of active accounts within the WyIR by about 150, which is great. We also identified the point of contact for the WyIR users within the office, and added the names listed on the form to the email list for primary WyIR contacts. I realize this process was quite frustrating for some, and appreciate your effort in helping us complete this task.

We expect to undertake this endeavor on an annual basis when the WyVIP Enrollment Process is conducted next. Now that we have user names, access level for those users, as well as their passwords, I would like to announce the next change for users: Password Requirements.

New Password Requirements – pending 40 days from 05/21/08

Through this enrollment process, the WyIR staff learned of multiple users utilizing the same user name and password. Not only is this a HIPAA violation, it also compromises the ability of the WyIR administration to track who actually altered a record if a change was made. Upon the WyIR Individual User Agreement, the following is agreed to by signing:

"Each user is responsible for safeguarding his/her user ID and password. All passwords are to be treated as sensitive and confidential. Users are never to reveal a password over the phone to anyone. Users are never to use the same password at work and for personal use. Users must never reveal a password in an email message. Users must never use the "remember password" feature of applications. Users must never retain any written record of passwords on your person. Users must never leave a written record of passwords in their work area. User ID and/or password must not be given to anyone other than WyIR Administrators."

We have drafted Confidentiality and Security Procedures for approval by Community and Public Health Division administration, and once in place, will change the way that passwords are managed. Expect to have to change your password every 40 days. The following proposed changes fall in line with Wyoming Department of Health IT standards for strong passwords that can be configured to the WyIR database:

Are at least six alphanumeric characters in length; contain at least one number in the password (0-9); All passwords must be changed at least every 40 days; and each account must have a unique password from all other accounts managed by a provider.

We realize that there may be an inconvenience in remembering a new password, but if you do forget, simply give the WyIR Help Desk a call, and we will return the call at the number supplied to us within the WyIR Enrollment Agreement with your new password. You can then login with the newly supplied password and change it immediately so you will be the only one that knows the password.

GOOD NEWS! Distance Learning Tools (DLT's) are posted!

Please navigate to the WyIR section within www.immunizewyoming.com – there, you will see our Distance Learning Tools posted for you to utilize at your convenience. This format allows all new users to receive training prior to receiving administrative rights to the WyIR. It also allows current users to refresh their abilities as well. Please keep in mind that once our proposed Confidentiality and Security Polices and Procedures are approved, all **new users** will have to sign a form denoting that they viewed and completed the Distance Learning Training tool that corresponds to their requested access level. Please, take a look at them and let us know what you think. We are pleased with what has been presented – it has been a long road of revisions, and I want to thank Randy DeBerry, our former WyIR trainer, for working with me on the multiple revisions and testing that took place over the past year.

Updated System Bugs Posted

Please navigate to the following link to look and open the document listing the latest system bugs:
http://www.health.wyo.gov/Media.aspx?mediaId=4543

Testing Version Upgrade (V4.3.1.2)

We have received the latest version upgrade and placed it upon our test environment for in-house testing. We are attempting a fundamental shift in the way in which version releases are conducted. Currently, WyIR staff tests exclusively in-house for system bugs and releases the version to production once testing is complete. However, due to our current configuration (e.g., being hosted on a desktop rather than server environment), the last upgrade experienced load issues that could not be replicated prior to release to production, which resulted in the three weeks of the registry being up and down for quite a while. With the shift underway, we will be looking to implementing something quite new – placing the test database on a server environment. The new test database will be completely blank, so we will have to replicate the user information on production to the test environment. We will then ask users to log in and add test patients to the system to test for functionality. We have a quality assurance checklist available for use, but we need to ask several "Super Users" to volunteer to test specific aspects of the system prior to release to production. We look forward to working with our current users to improve the quality of versions available in a more timely and thorough manner than currently available.

Laptops for WyIR Users

We are working with the Department of Health IT program to retrofit some laptops with improved memory so that we may be able to loan them to users of the WyIR to enhance the clinical flow for their patients. We are working out the details of this process, but if you would like a laptop on loan for the WyIR, please contact us and we will place you on a waiting list. Once we have the policies in place, we will then begin the loan process. We hope that these upgrades will continue to enhance the efficiency of vaccination delivery for your office.

WyIR Room by Lisa Wordeman

This month slowed down a little. I had the opportunity to go over to Lander for the first time and also did some more training in Laramie. The rest of the month has been full working on the Annual Enrollment for the WyIR. Please don't hesitate to call if someone in your office needs training. We have many great training tools to utilize to help your office become more efficient on the WyIR!

Top Vaccines Administered by WyIR Users for April 2008

Vaccine Type	# of Doses	% of Total
Pneumococcal (PCV7)	1358	10.9
Hib	1035	8.31
DtaP	910	7.3
Hep A- Pediatric	884	7.1
Varicella	880	7.06
DtaP/Hep B/IPV	856	6.87
HPV	845	6.78
MMR	753	6.04
Tdap	692	5.55
IPV	611	4.9

Shining Stars!

By Lily Valdez

WyVIP congratulates the following providers for submitting their **April reports** correctly and by the 2nd business day of **May.** I appreciate your hard work and efforts in helping this Incentive program become a huge success. You all did an awesome job!

ABC Pediatrics
Albany Co PHN
Alpha Family Medicine
Alpine Family Medical Clinic
Babson & Associates of Primary Care
Big Horn Basin Children's Clinic
Big Horn Co PHN-Greybull
Big Horn Co PHN-Lovell
Big Horn Pediatrics
Billings Clinic - Cody
Bridger Valley Family Practice
Brown, Craig, MD
Campbell Co PHN
Carbon Co PHN-Rawlins
Carbon Co PHN-Saratoga
Casper Natrona Co Health Dept
Castle Rock Medical Center
Cheyenne Family Medicine
Cheyenne Health & Wellness Center
Community Health Center of Central Wyoming
Converse Co PHN
Crook Co PHN
Evanston Pediatrics
Family Care Clinic, LLC
Family Medical Care
Family Medical Center
Fisher, Carol A., MD
Fremont Co Pediatric Clinic
Fremont Co PHN-Lander
Goose Creek Pediatrics
Goshen Co PHN
Granum, Michael J., MD
Green, Richard D., MD
Hot Springs Co PHN
Howard Medical Clinic
Ivinson Memorial Hospital, Nursery
Johnson Co PHN
Laramie Pediatrics
Laramie Children's Clinic
Lincoln Co PHN- Kemmerer
Medicine Bow Health Center
Memorial Hospital of Carbon Co.
Memorial Hospital of Converse Co.
Memorial Hospital of Sweetwater Co.
Moorcroft Clinic
Myers, Harlan, MD
Niobrara Co PHN
North Big Horn Hospital-Clinic
Park Co PHN-Cody
Park Co PHN-Powell
Pediatric and Adolescent Clinic, Inc
Platte Co Memorial Hospital
Platte Co PHN
Pocket, Tom, MD
Quinn, Michael J., MD-FAAP
Rawlins Family Medical
Red Rock Family Practice
Riverton community Health Center
Riverton Memorial Hospital
Rock Springs Family Practice, Inc
Sheridan Co Comm. Health
Sheridan Family Practice PC
South Lincoln Medical Clinic
South Sheridan Medical Center
St. John's Medical Center
Star Valley Family Physicians
Sublette Co PHN
Sweetwater Co Comm. Nursing Sacs-Green River
Sweetwater Co Comm. Nursing Sacs-Rock Sags
Sweetwater Pediatrics, PC
Teton Co PHN
The Family Clinic, LLC
Total Family Health, PC
Tri-County Medical Center
Uinta Co PHN-Evanston
Uinta Co PHN-Lyman
Uinta Family Practice
UW Student Health
Vigneri, Robert A., MD
Washakie Co PHN
Western Family Care
Western Medical Associates, LLC
Weston Co PHN
Willow Creek Family Medicine
Wind River Pediatrics
Women's Health Center

Congratulations! By submitting their monthly reports correctly and by the 2nd business day of the month for three months the following providers have achieved the Good Job! Award (stress ball push pen). These providers are now on target for the Excellent! Award (Tri- highlighter set).

Arapahoe Health Center
Bennett, Michele L., MD, PC
Cedar Hills Family Clinic
Cheyenne Children's Clinic
Ellbogen, David A., MD
Emerg-A-Care
Engle, Deeanne, MD
Fremont Family Practice
FT Washakie Health Center
Hunter Family Medical Clinic, PC
Kurt S. Johnson, MD, PC
Lander Medical Clinic
Lander Regional Hospital
Mountain View Medical Center
Platte Valley Medical Clinic
Sheridan Memorial Hospital
South Lincoln Medical Center
Star Valley Medical Center
Wagon Circle Medical Clinic

June 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	*2*	***3 Monthly Reports Due***	*4*	*5*	*6*	*7*
8	*9*	*10*	*11*	*12*	*13*	*14*
15	*16*	*17*	***18 WIP Monthly Teleconfer-ence***	*19*	*20*	*21*
22	*23*	*24*	*25*	*26*	*27*	*28*
29	*30*					

Important Dates in June

Don't forget to send in your BENCHMARKING and Flu pre-booking data in June!

June 3: ALL monthly reports due:

* Doses Administered
* Inventory Form
* Temperature Logs

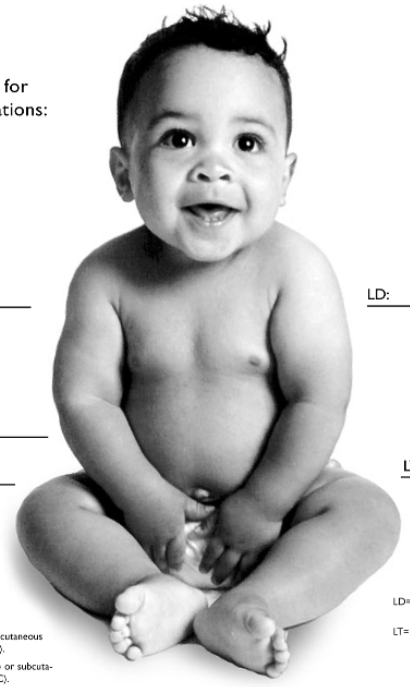
- A REMINDER! The Doses Administered Reports you send in are the basis for replenishing your vaccine orders. If you have Special Clinic Order forms, flu doses administered, transfer of vaccine forms and/or preference forms, please send them at this time also.

June 18: WIP Monthly Teleconference: 12:15 p.m.-1:30pm.
Call in information 1-877-278-8686, Participant ID **687555**.

For 8 1/2" x 11" copies, enlarge to 155%

Immunization Site Map

Suggested sites for infant immunizations:



RD: _____

RT: _____

RT: _____

LD: _____

LT: _____

LT: _____

RD= Right deltoid (IM) or subcutaneous tissue on upper arm (SC).

RT= Right vastus lateralis (IM) or subcutaneous tissue on thigh (SC).

LD= Left deltoid (IM) or subcutaneous tissue on upper arm (SC).

LT= Left vastus lateralis (IM) or subcutaneous tissue on thigh (SC).

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IMM-718 (5/01)

Immunization Site Map

Suggested sites for toddler immunizations:

RD: _____

RT: _____

RT: _____

LD: _____

LT: _____

LT: _____

RD= Right deltoid (IM) or subcutaneous tissue on upper arm (SC).

RT= Right vastus lateralis (IM) or subcutaneous tissue on thigh (SC).

LD= Left deltoid (IM) or subcutaneous tissue on upper arm (SC).

LT= Left vastus lateralis (IM) or subcutaneous tissue on thigh (SC).

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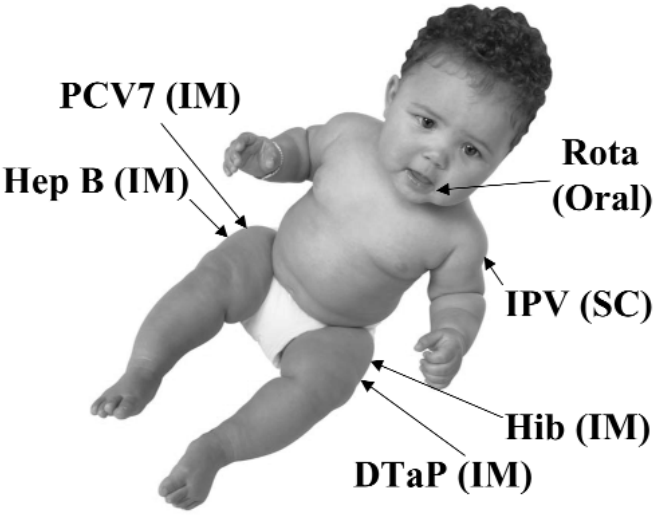
IMM-718 (5/01)

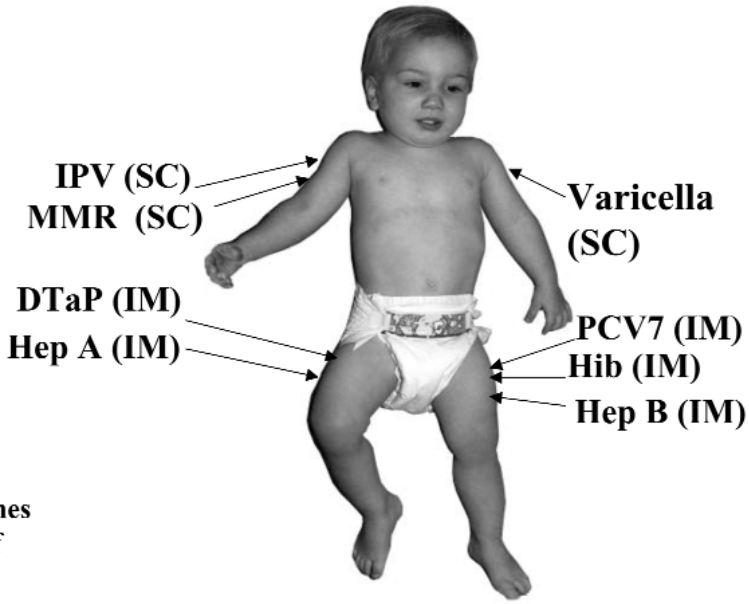
Giving All the Doses Under 12 Months

- Needle Lengths:
  IM=1 inch SC=5/8 inch
- Using combination vaccines will decrease the number of injections
- IM injections are given in the infant's thigh
- SC injections may be given in the arm or thigh
- Separate injection sites by 1-2 inches
- May consider a 5/8" needle for IM injections only in newborns less than 4 wks



Giving All the Doses 12 Months and Older

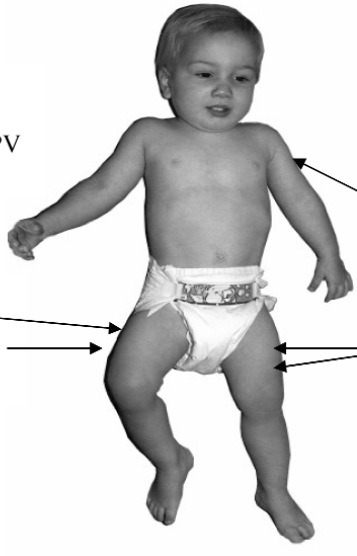
- Needle Lengths
  IM=1 to 1.5 inches
  SC=5/8 inch
- Separate injection sites by 1-2 inches
- Anterolateral thigh is the **preferred** site for multiple IM injections
- Deltoid (upper arm) is an option for IM in children ≥18 mo with adequate muscle mass
- Using **combination vaccines** will decrease the number of injections needed to keep a child up-to-date



Giving All the Doses 12 months through 5 years of age

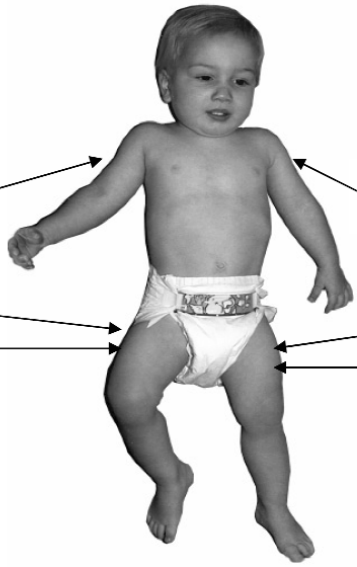
Using Pediarix™ (DTaP/HepB/IPV) and ProQuad® (MMRV)

Pediarix™ can only be used for the primary series; DO NOT use for: 4th or 5th dose of DTaP, 4th dose of IPV



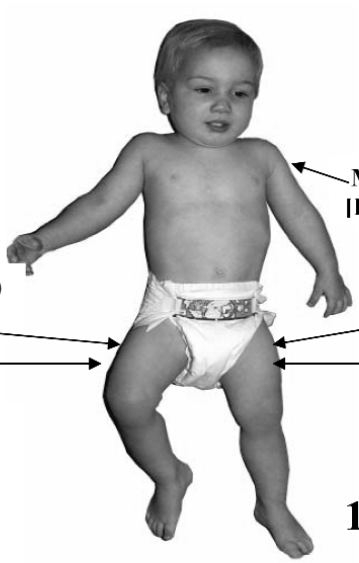
- Needle Lengths: IM = 1-1.5 inches SC = 5/8 inch
- Injection sites should be separated 1-2 inches
- The anterolateral thigh is the **preferred** site for multiple IM injections
- The deltoid (upper arm) is an option for IM in children ≥ 18 mo with adequate muscle mass

Using COMVAX™ (HepB/Hib) and ProQuad® (MMRV)



Giving All the Doses Including Influenza Vaccine (TIV)

Using Pediarix™ (DTaP/HepB/IPV) and ProQuad® (MMR/Var)

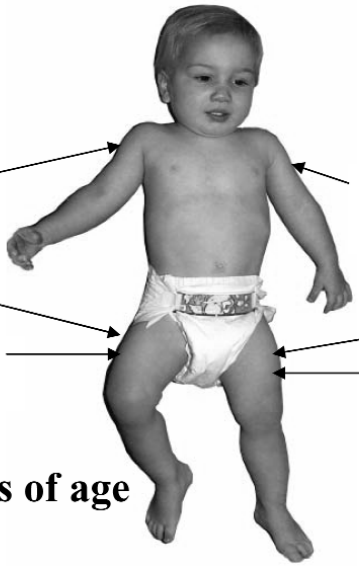


Pediarix™ can only be used for the primary series; DO NOT use for 4th or 5th dose of DTaP or 4th dose of IPV.

For children 12 thru 4 years of age

- TIV Dosages: 6-35 mos 0.25 mL; 3-8 yrs 0.5 mL
- 2 doses (4 weeks apart) are recommended for children 6 mo thru 8 yrs receiving any flu vaccine for the first time
- Children 6 mo-8 yrs who received influenza vaccine for the first time **during the previous influenza season**, and got only one dose, should receive two doses this season separated by 4 weeks

Using COMVAX™ (HepB/Hib) and ProQuad® (MMR/Var)



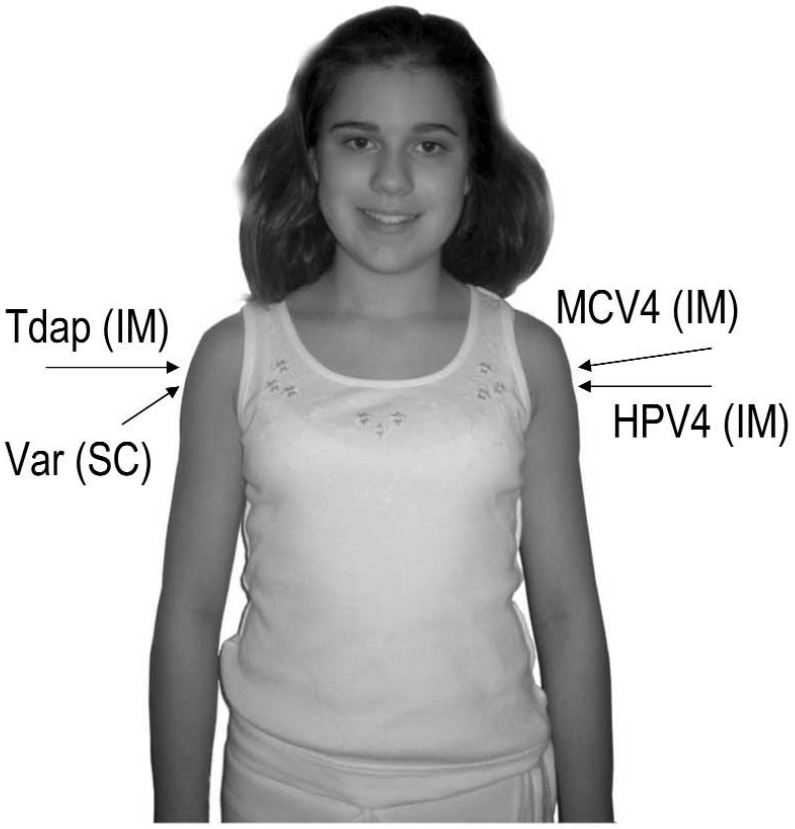
For children 12 months thru 4 years of age

September 21, 2007

GIVING ALL THE DOSES

11-12 Years of Age

- Needle Lengths
  IM= 1 to 1.5 in
  SC= 5/8 in
- Separate injection sites by 1-2 inches
- Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.
- Assess for other recommended vaccines that may be needed-
  MMR Polio
  hep B Hep A
  influenza
- Syncope or fainting after vaccination may occur in adolescents & young adults, usually within 15 minutes of vaccination
- When giving vaccines to teens: Have the patient sit down while you are giving vaccine(s) Consider observing patients for 15-20 minutes after vaccination



NOTE:
Var should be administered to school age children and adolescents without:

- history of 2 doses of varicella vaccine
- a healthcare provider's diagnosis of varicella disease **or** verification of history of typical varicella disease
- history of shingles

HPV4 is licensed for use in **girls only** 9-26 years of age
MMRV (ProQuad®) is licensed for children 12 months thru 12 years of age only

Injectable Vaccine Administration for Children Birth-6 years

Vaccine	Age/Reminders	Route	Site ¤	Needle*	Contraindications ⊕
Diphtheria, Tetanus, Pertussis (DTaP)	6 weeks-6 years	IM	Anterolateral Thigh **or** Deltoid±	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy without other cause within 7 days of a pertussis- containing vaccine
Haemophilus influenza type B (Hib)	No routine doses after 59 months	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal conjugate (PCV7)	No routine doses after 59 months	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Hepatitis B (Hep B)	1st dose at birth; last dose at/after 6 months	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1st dose at/ after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, polymyxin B)
		IM	Anterolateral Thigh **or** Deltoid	1"-1.5 22-25 g	
Measles, Mumps, Rubella (MMR)	1st dose at/after 12 mo; 4 week interval between two doses (all ages)	SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Varicella (Var)	1st dose at/after 12 mo; 3 mo interval between doses (ages 12 mo-12 yrs)	SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Inactivated Influenza (TIV)	6 months and older; brand to use based on age	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Hepatitis A (Hep A)	1st dose at/after 12 mo 2nd dose 6 mo later	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

¤ Vaccines should never be administered in the buttocks. ⊕ See package insert for complete contraindication/component listing; may vary by brand * Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.

± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections. December 11, 2007

Injectable Vaccines for Selected Populations**

Vaccine	Recommendations for use and age	Route	Site ¤	Needle Length*	Contraindications⊕
Meningococcal Conjugate » (MCV4)	• For children 2-10 yrs who are at high risk for meningococcal disease •Routinely given to adolescents (1 dose) ages 11 through 18 yrs	IM	Anterolateral Thigh **or** Deltoid ±	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal polysaccharide (PPV 23)	• For children 2 yrs and older at high risk for invasive pneumococcal disease • Given after completion of an age-appropriate PCV7 series - Minimum interval of 8 weeks between PCV7 and PPV23	IM	Anterolateral Thigh **or** Deltoid ±	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
		SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25g	

¤ Vaccines should never be administered in the buttocks.
* Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.
⊕ See package insert for complete contraindication/component listing; components may vary by brand used
» When meningococcal vaccine is indicated and MCV4 is not available, Meningococcal polysaccharide (MPSV4) may be used for persons 2 years and older (given SC). However, if indication is for routine adolescent vaccination (ages 11-18 years), defer until MCV4 is available.
± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections.
** Refer to Recommended Childhood and Adolescent Immunization Schedule (available in Child/Adolescent Immunization Section of the AIM Kit) for information on the selected populations.

Injectable Vaccine Administration for Children 7-18 Years

Vaccine	Age/Reminders	Route	Site*	Needle*	Contraindications ⊕
Tetanus, diphtheria (Td)	7 years and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Tetanus, diphtheria, pertussis (Tdap)	Routinely given at age 11-12 years; one dose ◙	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy within 7 days of previous pertussis vaccine without other known cause
Hepatitis B (hep B)	1st dose at birth; last dose at/after 6 mo	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1st dose at/after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, or polymyxin B)
		IM	Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1st dose at/after12 mo	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	1st dose at/after 12 mo 12mo-12 yr: 3 months between dose 1 & 2	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Assure vaccine brand being used is age-appropriate	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Meningococcal Conjugate (MCV4)	Routinely given at age 11-12 yrs; catch-up all adolescents 13-18 yrs	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component; history of GBS
Human Papilloma-virus (HPV4)	Females 9 through 26 years	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to baker's yeast
Hepatitis A (hep A)	1st dose at/after 12 mo 2nd dose 6 mo later	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

* Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

◙ Two Tdap vaccines available: Boostrix® (GSK) is licensed for persons 10-18 yrs; ADACEL™ (sanofi pasteur) licensed for persons 11-64 yrs.

December 14, 2007

Injectable Vaccines for Selected Populations**

Vaccine	Recommendation for use and age	Route	Site*	Needle Length*	Contraindications⊕
Meningococcal Polysaccharide (MPSV4)	• For children 2 years and older at high risk for meningococcal disease **and** MCV4 (conjugate) is not available • For persons with a history of Guillain-Barre syndrome (GBS)	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose of component
Pneumococcal polysaccharide (PPV 23)	• For children 2 yrs and older at high risk for invasive pneumococcal disease • Given after completion of an age-appropriate PCV7 series - Minimum interval of 8 weeks between PCV7 and PPV23	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
		SC	Lateral Upper Arm	5/8" 23-25g	

*Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

** Refer to Recommended Childhood and Adolescent Immunization Schedule (available in Child/Adolescent Immunization Section of the AIM Kit on online at www.cdc.gov/vaccines) for information on the selected populations.

Medical Management of Vaccine Reactions in Children and Teens

All vaccines have the potential to cause an adverse reaction. To minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered. Even with careful screening, reactions can occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). If reactions occur, staff should be prepared with procedures for their management. The table below describes procedures to follow if various reactions occur.

Reaction	Symptoms	Management
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient's face and neck.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Children and Teens" on the next page for detailed steps to follow in treating anaphylaxis.

Supplies Needed

- ☐ Aqueous epinephrine 1:1000 dilution, in ampules, vials of solution, or prefilled syringes, including epinephrine auto-injectors (e.g., EpiPen). If EpiPens are to be stocked, both EpiPen Jr. (0.15 mg) and adult EpiPens (0.30 mg) should be available.
- ☐ Diphenhydramine (Benadryl) injectable (50 mg/mL solution) and oral (12.5 mg/5 mL suspension) and 25 mg or 50 mg capsules or tablets
- ☐ Syringes: 1–3 cc, 22–25g, 1", 1½", and 2" needles for epinephrine and diphenhydramine (Benadryl)
- ☐ Pediatric & adult airways (small, medium, and large)
- ☐ Sphygmomanometer (child, adult & extra-large cuffs) and stethoscope
- ☐ Pediatric & adult size pocket masks with one-way valve
- ☐ Alcohol swabs
- ☐ Tongue depressors
- ☐ Flashlight with extra batteries (for examination of mouth and throat)
- ☐ Wrist watch
- ☐ Tourniquet
- ☐ Cell phone or access to an on-site phone

www.immunize.org/catg.d/p3082a.pdf • Item #P3082a (8/06)

Emergency Medical Protocol for Management of Anaphylactic Reactions in Children and Teens

Signs and Symptoms of Anaphylactic Reaction

Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

Treatment in Children and Teens

a. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.

b. If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the on-call physician. This should be done by a second person, while the primary nurse assesses the airway, breathing, circulation, and level of consciousness of the patient.

c. Administer aqueous epinephrine 1:1000 dilution (i.e., 1 mg/mL) intramuscularly; the standard dose is 0.01 mg/kg body weight, up to 0.3 mg maximum single dose in children and 0.5 mg maximum in adolescents (see chart below).

d. In addition, for anaphylaxis, administer diphenhydramine either orally or by intramuscular injection; the standard dose is 1 mg/kg body weight, up to 30 mg maximum dose in children and 100 mg maximum dose in adolescents (see chart below).

e. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.

f. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 10–20 minutes for up to 3 doses, depending on patient's response.

g. Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.

h. Notify the patient's primary care physician.

Suggested Dosing of Epinephrine and Diphenhydramine

Age Group Dose	**Weight * in kg**	**Weight (lbs)* in lbs**	**Epinephrine Dose** 1 mg/mL injectable (1:1000 dilution) intramuscular	**Diphenhydramine (Benadryl)** 12.5 mg/5 mL liquid 25 and 50 mg capsules or tabs 50 mg/mL injectable
1–6 mos	4–7 kg	9–15 lbs	0.05 mg (0.05 ml)	5 mg
7–18 mos	7–11 kg	15–24 lbs	0.1 mg (0.1 ml)	10 mg
19–36 mos	11–14 kg	24–31 lbs	0.15 mg (0.15 ml)	15 mg
37–48 mos	14–17 kg	31–37 lbs	0.15 mg (0.15 ml)	20 mg
49–59 mos	17–19 kg	37–42 lbs	0.2 mg (0.2 ml)	
5–7 yrs	19–23 kg	42–51 lbs	0.2 mg (0.2 ml)	30 mg
8–10 yrs	23–35 kg	51–77 lbs	0.3 mg (0.3 ml)	
11–12 yrs	35–45 kg	77–99 lbs	0.4 mg (0.4 ml)	40 mg
13 yrs & older	45+ kg	99+ lbs	0.5 mg (0.5 ml)	50–100 mg

*Dosing by body weight is preferred.

These standing orders for the medical management of vaccine reactions in child and teenage patients shall remain in effect for patients of the _____ (*name of clinic*) until rescinded or until _____ (*date*).

Medical Director's signature _____ Effective date _____

Sources: American Academy of Pediatrics. Passive Immunization. In: Pickering LK, ed. *Red Book: 2006 Report of the Committee on Infectious Diseases.* 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006: 64–66.

American Pharmacists Association, Grabenstein, JD, *Pharmacy-Based Immunization Delivery,* 2002.

WyVIP Vaccine Transfer Request Form

If you have vaccine in your refrigerator that you know you will not use before its expiration date, please fill out this form to notify the WyVIP staff of your needs. Upon receipt of this form the WyVIP staff will work to find a provider in need of the vaccine you wish to transfer. Please fax the completed form to (307) 777-3615. You may also e-mail a scanned copy of the form to the following email address: wyvipreports@health.wyo.gov.

PIN #: _____ **Contact Person:** _____

Date: _____ **Phone #:** _____

Vaccine Transfer Materials Needed (Circle all that apply)

Boxes Ice Packs Thermometers

Vaccine	Brand	Lot Number	Number of Doses in Need of Transfer	Expiration Date	Transfer To: (WyVIP Staff Use Only)

VAC6

Wyoming Vaccinates Important People (WyVIP)

To McKesson Expired and Wasted Vaccine Return Form

Shipper Information

Date:_____ **PIN#: _____**

Primary Contact: _____ Primary Phone: _____

Fax: _____ Facility Name: _____

Mailing Address: _____

City, State, ZIP:_____

Vaccine: _____

Brand: _____

Lot #: _____

Number of Doses: _____

Expiration Date: _____

Date Vaccine Received: _____

Reason for Transfer/Return: _____

_____

Vaccine: _____

Brand: _____

Lot #: _____

Number of Doses: _____

Expiration Date: _____

Date Vaccine Received: _____

Reason for Transfer/Return: _____

_____

Vaccine: _____

Brand: _____

Lot #: _____

Number of Doses: _____

Expiration Date: _____

Date Vaccine Received:_____

Reason for Transfer/Return: _____

_____

Vaccine: _____

Brand: _____

Lot #: _____

Number of Doses: _____

Expiration Date: _____

Date Vaccine Received:_____

Reason for Transfer/Return: _____

_____